

Name of Person Filing Document:

Your Address:

Your City, State, and Zip Code:

Your Telephone Number

Attorney Bar Number (if applicable):

Representing Self or Attorney for _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Name of Petitioner/Plaintiff.

Case Number: _____

**REQUEST AND ORDER
FOR HEARING**

Name of Respondent/Defendant.

NOTICE: To ensure that the Consent Judgment is not entered, you must mail or hand-deliver a copy of this document to the Clerk of the Court, Collections Department, 201 West Jefferson, 1st Floor, Phoenix, Arizona 85003.

Check at least one of the following:

I REQUEST A HEARING BECAUSE:

1. I am dissatisfied with the decision on the application for deferral or supplemental application for waiver or further deferral.
2. I do not agree with the amount of unpaid fees and costs on the itemized statement provided by the court. I request a hearing on the amount due the court.

Signature: _____

Date: _____

Print your name: _____

THE COURT COMPLETES THIS SECTION

IT IS ORDERED that a hearing is set.

Hearing Date: _____ Hearing Time: _____

Hearing Location: _____

Dated: _____
GJudicial Officer or GSpecial Commissioner

Mailed/hand-delivered to applicant on _____, by _____
